Document No.

## AFFIDAVIT Conditional Use Permit

The undersigned affiant does hereby swear and affirm that a Conditional Use Permit (attached hereto as Exhibit A, and incorporated herein by reference as if fully set forth) was voted on and approved by the Door County Board of Adjustment on September 17, 2020 and was issued on September 21, 2020 to Parcel Identification Number 028-04-32343033B, Town of Washington, Door County, Wisconsin, more particularly described within Trustee's Deed, Doc. # 828067, Recorded January 15, 2020 (attached hereto as Exhibit B, and incorporated herein by reference as if fully set forth).

It is understood that recording is required to provide successors in interest notice of this Conditional Use Permit and its conditions, limitations, and requirements.

The undersigned acknowledges having read and understood, and represents and warrants that s/he is duly authorized and has legal capacity to execute and record, this Affidavit.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

Thomas R. Jordan III, Owner.

STATE OF WISCONSIN

SS County

RETURN TO:

421 Nebraska Street Sturgeon Bay, WI 54235

Door County Land Use Services Department

Parcel ID Number 028-04-32343033B

Personally came before me, this \_\_\_\_\_ day of \_\_\_\_\_\_, 2020 the above named Thomas R. Jordan III known to me to be the person who executed this instrument.

Notary Public \_\_\_\_\_ County, WI My Commission expires \_\_\_\_\_ /is permanent)

This document was drafted by: Mariah Goode, Director Door County Land Use Services Department

## DOOR COUNTY CONDITIONAL USE PERMIT

PARCEL NO. 028-04-32343033B

Pursuant to the Door County Zoning Ordinance, Ordinance Number 2-95, this Permit

is issued to IHOMAS R III JORDAN		
for _ the establishment of a non metallic mine.		
Located at _EAST SIDE ROAD		
in Section <u>32</u> , T <u>34</u> N, R <u>30</u> E	, Town of WASHINGTON	, Door County.
This Conditional Use Permit is issued subje Zoning Ordinance and subject to the follow	ect to compliance with all provisions conditions:	ions of the Door County
1. Structure or use authorized herein shal	not be used or occupied until a	Certificate of Compliance
has been issued by the zoning adminis	rator. Call the Door County Land	d Use Services Department
for an inspection.		
2. As per letter dated September 21, 202	D	
IMPORTANT:		•
	Il ovnira 12 months from data of in	
A conditional use permit to establish a use sha establish the authorized use.	il expire 12 months from date of iss	suance it no action has commenced to
APPEAL: Any party aggrieved by the Zoning the Door County Board of Adjustment within 3 are available from the Door County Land Use S	O days from the the date of the issue	nis conditional use permit may appeal to uance of this permit. Appeal forms
Date of Issuance: 06/21/2020	Richard	9. B.
	Zoning Administrate	or
		Jse Services Department et- Government Center
	Sturgeon Bay, WI	

TEL 920-746-2323 FAX 920-746-2387